WAUPUN 53963 Phone: (920) 324-9051
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 80
Total Licensed Bed Capacity (12/31/00): 84
Number of Residents on 12/31/00: 78

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?

Average Daily Census:

Non-Profit Church Related Skilled Yes Yes 79

Number of Residents on 12/31/00:	****	78 ************************************	*****	************	******	*********	*****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/	00) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No N	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 23. 1 1. 3 0. 0 3. 8 5. 1 3. 8 28. 2 10. 3 17. 9 0. 0 6. 4	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Male Female	0. 0 9. 0 25. 6 59. 0 6. 4 100. 0 100. 0 20. 5 79. 5	Less Than 1 Year 1 - 4 Years More Than 4 Years ************************ Full-Time Equiva Nursing Staff per 100 (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)						Private Pay				d Care	m . 1	Percent	
			Per Die			Per Die			Per Die			Per Dien			Per_Diem		Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	1	16. 7	\$287. 94	3	5. 6	\$122. 88	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	4	5. 1%
Skilled Care	5	83. 3	\$287.94	51	94. 4	\$104.89	0	0.0	\$0.00	18	100. 0	\$130.00	0	0.0	\$0.00	74	94. 9%
Intermedi ate				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total		100.0		54	100. 0		0	0.0		18	100.0		0	0.0		78	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 7.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 4.0 Baťhi ng 5. 1 73. 1 21. 8 78 Other Nursing Homes 3.0 Dressing 5. 1 73. 1 21.8 78 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 78 80. 2 16. 7 55. 1 28. 2 78 32. 1 0.0 Toilet Use 11.5 56. 4 78 0.0 Eating 64. 1 21.8 14. 1 ****** Other Locations 5.0 Total Number of Admissions 101 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6.4 7. 7 Private Home/No Home Health 10.3 Occ/Freq. Incontinent of Bladder 28. 2 0.0 Private Home/With Home Health 10.3 Occ/Freq. Incontinent of Bowel 28. 2 1.3 Other Nursing Homes 1.0 2.6 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 39. 2 Mobility 3.8 Physically Restrained 0.0 0.0 33. 3 0. 0 Other Locations 9.3 Skin Care Other Resident Characteristics 29. 9 2. 6 Deaths With Pressure Sores Have Advance Directives 64. 1 Total Number of Discharges With Rashes Medi cati ons 2. 6 Receiving Psychoactive Drugs 29. 5 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Own	ershi p:	Bed	Bed Size:		Li censure:			
	Thi s	Nonprofit		50-	- 99	Ski l	led	Al l		
	Facility		Group		Group		Group		ities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	94. 0	92. 8	1. 01	86 . 6	1. 09	87. O	1. 08	84. 5	1. 11	
Current Residents from In-County	57. 7	73. 6	0. 78	69. 4	0. 83	69. 3	0. 83	77. 5	0.74	
Admissions from In-County, Still Residing	16. 8	26. 8	0. 63	19. 5	0.86	22. 3	0. 75	21. 5	0. 78	
Admissions/Average Daily Census	127. 8	86. 5	1. 48	130. 0	0. 98	104. 1	1. 23	124. 3	1.03	
Di scharges/Average Daily Census	122. 8	83. 8	1. 47	129. 6	0. 95	105. 4	1. 16	126. 1	0. 97	
Discharges To Private Residence/Average Daily Census	25. 3	28. 3	0. 90	47. 7	0. 53	37. 2	0. 68	49. 9	0.51	
Residents Receiving Skilled Care	100	89. 0	1. 12	89. 9	1. 11	87. 6	1. 14	83. 3	1. 20	
Residents Aged 65 and Older	100	97. 3	1. 03	95. 4	1.05	93. 4	1. 07	87. 7	1. 14	
Title 19 (Medicaid) Funded Residents	69. 2	67. 3	1.03	68. 7	1.01	70. 7	0. 98	69. 0	1.00	
Private Pay Funded Residents	23. 1	27. 1	0. 85	22. 6	1. 02	22. 1	1.04	22. 6	1.02	
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00	
Mentally Ill Résidents	24. 4	32.8	0.74	35. 9	0. 68	37. 4	0.65	33. 3	0.73	
General Medical Service Residents	6. 4	22. 4	0. 29	20. 1	0. 32	21. 1	0. 30	18. 4	0. 35	
Impaired ADL (Mean)	52 . 1	49. 0	1.06	47. 7	1. 09	47. 0	1. 11	49. 4	1.05	
Psychol ogi cal `Probl ems	29. 5	46. 3	0.64	49. 3	0.60	49. 6	0. 59	50. 1	0. 59	
Nursing Care Required (Mean)	6. 7	7. 6	0.89	6. 6	1.02	7. 0	0. 96	7. 2	0.94	